# **FORM D**



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## **FORM D**

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

<u>1</u>328119

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005

Estimated average burden hours per response.....16.00

SEC USE ONLY								
Prefix	Serial							
DA	TE RECEIVED							

Name of Offering check if this is an amendment and name has changed, and indicate change.)	131	EOS POS
Suith River Commulty Bank, N.A.		<u> </u>
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	□ ULOE / 🎾 💆	
Type of Filing: New Filing Amendment		s <del>c</del>
A. BASIC IDENTIFICATION DATA		
1. Enter the information requested about the issuer	733	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	. //	
Swith liver Comunity Bank, N.A.		
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Incl	
730 East Church Street, Suite 31 Martinsville, VA 24//2	(276)65	<u>8-</u> 2929
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Inc	luding Area Code)
(if different from Executive Offices)		
Disc Designation of Designation	<del>- D</del> E	DIFTERMENT
Brief Description of Business	ប់ ជូ	
Bank		AY 24 2005
Type of Business Organization		
	lease specify):	THOMSON C
business trust limited partnership, to be formed		FINANCIAL
Month Year		
	nated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	:	
CN for Canada; FN for other foreign jurisdiction)		

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

. A. BASIC IDENTIFICATION DATA
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issue</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Royald D. Haley  Full Name (Last name first, if individual)  730 East Church Street, Ste 31 Martinsville, VA 24112
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner  Full Name (Last name first, if individual)
730 East Church Street, STe. 31 Mortinsulle, VA 24112  Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or  Managing Partner  Full Name (Last name first, if individual)  730 East Church Street, Ste. 31 Martinsville VA 2411
730 East Church Street, Ste. 31 Mortinsville, VA 24112 Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  730 East Church Street, Ste 31 Mouting Wile, VA 2411 2  Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  730 East Church STreet, Ste. 3/ Montings, Ue, VA 24/12  Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  730 East Church Street Ste. 31 Mortinsville, VA 24112
Business or Residence Address (Number and Street, City, State, Zip Code)  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)  730 Cast Church Street, Ste-31 Matinsville, VA 24112  Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DA	ATA
2. Enter the information requested for the following:	
• Each promoter of the issuer, if the issuer has been organized within the past five ye	ars;
Each beneficial owner having the power to vote or dispose, or direct the vote or dispose.	sition of, 10% or more of a class of equity securities of the issuer.
Each executive officer and director of corporate issuers and of corporate general and	d managing partners of partnership issuers; and
Each general and managing partner of partnership issuers.	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	ficer Director General and/or
7.	Managing Partner
Full Name (Last name first, if individual)	
	Alexi - Me 100 alus
730 East Church Street, Ste. 3 Business or Residence Address (Number and Street, City, State, Zip Code)	1 Maringwilly 14 24112
dumber and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	ficer Director General and/or
Check Box(es) that Apply. Thomotel Beneficial Owner Executive On	Managing Partner
Evil Marco (Leat come Cost (Cindividual)	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
business of Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	ficer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Off	Managing Partner
Full Name (Last name first, if individual)	
run Name (Last name 10st, 11 muividuai)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Business of Residence Address (Number and Succe, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	ficer Director General and/or
Check Box(es) that Apply. Tronloca Beneficial Owner Deceative Of	Managing Partner
Full Name (Last name first, if individual)	
run Name (Last name mst, it mutvidual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Business of Residence Address (Number and Street, City, State, Lip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	ficer Director General and/or
Check Box(cs) that Appriy. Tronnotes Beneficial Owner Exceptive of	Managing Partner
Full Name (Last name first, if individual)	
run rame (Last name mst, it individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Business of Residence Address (Number and Sidest, City, State, Elp Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	ficer Director General and/or
Check Box(es) that Appriy.	Managing Partner
Full Name (Last name first, if individual)	
run Name (Last mame trist, it individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Business of Residence Address (Number and Street, City, State, 21p Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Of	ficer Director General and/or
Check Box(es) that Appriy.   Promoter   Beneficial Owner   Executive of	Managing Partner
Full Name (Lost name first if individual)	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Dustiness of Residence radicess (radinost and officer, City, State, Etp Code)	

				B. IN	FORMATI	ON ABOU	T OFFERI	NG				
1. Has th	ne issuer sold	l, or does th	ne issuer in	itend to sel	l, to non-a	ccredited in	nvestors in	this offeri	ng?		Yes	No
			Ansv	wer also in	Appendix,	Column 2	, if filing u	inder ULO	E.			
2. What	is the minim	um investm	ent that w	ill be accep	oted from a	ny individ	ual?				\$	
3. Does	. Does the offering permit joint ownership of a single unit?								Yes	No		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name	(Last name	first, if indi	vidual)					•				
Business of	r Residence	Address (N	umber and	Street Ci	tv State 7	in Code)			<del> </del>			
Name of A	ssociated Br	oker or Dea	aler		-h	· ·	$\sim 1$		1 1			
	DE.						Rich	mor	O, VA	<u>236</u>	<u> 17</u>	
	Which Person											CALALA
(Спес	k "All States	or check	individuai	States)			••••••	•••••••••••••••••••••••••••••••••••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		∐ A1	States
AL IL MT RI	AK IN NE SE	IA NV SD	AR KS NH	KY NY	LA NM UT	ME NV VT	DE MD NO	MA ND WA	MI WV	MN OK WI	HI MS OR WY	MO PW
Full Name	(Last name	first, if indi	vidual)									
Business	or Residence	Address (N	Number an	d Street, C	ity, State, Z	Zip Code)		<u> </u>				
Name of A	Associated Br	oker or Dea	aler		<u></u>			<del></del>			<u> </u>	
States in V	Vhich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(Chec	k "All States	s" or check	individual	States)	•••••						☐ Al	States
IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name	(Last name	fīrst, if indi	ividual)					-			-	
Business	or Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of A	Associated Br	roker or De	aler						<u></u>			
States in V	Vhich Persor	Listed Has	Solicited	or Intende	to Solicit	Purchasers						
	k "All State:										☐ AI	l States
AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\Box$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amount Already Sold	
	Debt	\$	\$	
	Equity	\$7,647.03	4.8 7,647,034.	(D)
	Common Preferred		65 7	
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$	\$	
	Other (Specify)	\$	\$	
	Total	\$_0.00	\$_0.00	
	Answer also in Appendix, Column 3, if filing under ULOE.	7,647,034	160 7,647,	034.G
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases	
	Accredited Investors	84	\$ <u>7,647,0</u> 3	4.60
	Non-accredited Investors		\$	
	Total (for filings under Rule 504 only)	0	\$_0.00	
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		Dollar Amount	
	Type of Offering	Security	Sold	
	Rule 505		\$	
	Regulation A		\$	
	Rule 504		\$	
	Total		\$_0.00	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure in not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		\$	
	Printing and Engraving Costs		\$	
	Legal Fees		\$	
	Accounting Fees		\$	
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		\$	
	Total		\$ 0.00 <del>*</del>	
	* No expenses to the bonk, comission	is and	expenses w	wp
	# No expenses to the bonk, comission expensed to Investors, bross share price u	sas \$11.5. K Netter	5 per share 1810.84 per	, -sha

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$7,647,034.6 \$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		_
	Purchase of real estate		\$
	Purchase, rental or leasing and installation of machinery and equipment	\$	_ 🗆 \$
	Construction or leasing of plant buildings and facilities	 	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	 □\$	_ □ \$
	Repayment of indebtedness	_	_
	Working canital		1.781.147.034
	Other (specify): Payment to Swith River's parent Coupany, Mainstreet Bankshares, Tax. For the divestiture of	□▘▃≟──▗┈▗▘ □\$	□\$ (1.500,000)
	Mainstreet Bookshares Tax, Forthe direstiture of	L	- w - <del></del>
	Suith liver To the Investor Group.		\$
	Column Totals		
	Total Payments Listed (column totals added)	□ \$ <u>_</u>	0.00
_	D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice tature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commit information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ssion, upon writt	
	ner (Print or Type) Signature	Date .	
5	with liver Counwity Back, NA. Dow K. Cush		6, 2005
Va	me of Signer (Print or Type) Title of Signer (Print or Type)		
_	ank. Gushnan Associate		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

•	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Swith liver course to Back NA.	Dan K. Cereshi	May 6, 2005
Name (Print or Type)	Title (Print or Type)	<del>/</del>
Dan K. Gushuan	AssociaTe	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

· APPENDIX										
1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pui	investor and rchased in State C-Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Yes	No				
AL										
AK										
AZ										
AR										
CA		V	\$795,000 Courses Siccle	10	4795 ww					
со										
СТ										
DE										
DC			#54,000 co. smale Co. stack		#54,200 #/16,000 #23500					
FL			Co-Gal		#16,000					
GA			Co. Stock	2	1 235 m					
HI										
ID										
IL										
IN										
IA										
KS										
KY										
LA										
ME										
MD										
MA					<del> </del>					
MI					<u></u>					
MN										
MS										

	APPENDIX											
1	Intend to non-a investor	2 I to sell accredited s in State i-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pui	investor and rchased in State C-Item 2)		Disquali under Sta (if yes, explana waiver (Part E-	te ULOE attach of granted)			
State	Yes	No		Number of Accredited Investors	ccredited Non-Accredited							
МО							·					
МТ												
NE			#70,000 Counon Stack	1	\$\$70, 200							
NV												
NH												
NJ			\$187,000 co. stock	_\_	#187,000							
NM												
NY		V	Co. Stale	5	\$960,000		· 		·			
NC			CO. Stock	28	#1.9um				[i/			
ND												
ОН			Co. Stach	1	\$ 80,000		·					
OK							 					
OR						 	) 					
PA			co. Stock	١	#54,200				V			
RI					1							
sc			co. Stak	2	180,000				i/			
SD					,							
TN			Co. Stoch	١	\$9,400							
TX			Co. Stock	4	#339cc							
UT												
VT												
VA		V	Co. Stan	26	#2.7m							
WA												
wv												
WI				}								

(1-

APPENDIX									
1	2		3	4				5 Disqualification	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									